



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

ARLINGTON ORTHOPEDIC ASSOCIATES  
800 ORTHOPEDIC WAY  
ARLINGTON, TEXAS 76015

#### **Respondent Name**

LM INSURANCE CORP

#### **Carrier's Austin Representative Box**

01

#### **MFDR Tracking Number**

M4-12-2770-01

#### **MFDR Date Received**

April 27, 2012

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary Dated April 27, 2012:** "This code is paid by Medicare and Work Comp goes by the Medicare Guidelines. I sent in a corrected claim as a reconsideration after changing 29877 to G0289. The reconsideration denied again saying G0289 is inclusive. G0289 is recognized by Medicare as a payable code ittherefore it needs to be processed in this case...."

**Amount in Dispute:** \$133.14

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary Dated May 17, 2012:** "...The provider changed 29877 to G0289. However, effective 1/1/12 chondroplasty in any compartment of knee that 29880 or 29881 done is included. The provider was paid for 29880. CPT 29880-Arthorscopy, knee surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s) when performed. Liberty Mutual believes that Arlington Orthopedic Associates has been appropriately reimbursed for services rendered...."

**Response Submitted by:** Liberty Mutual Insurance, 303 Jesse Jewell Parkway SE, Suite 500, Gainesville, GA 30501

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 13, 2012	G0289 - Arthro, loose body + chondro	\$133.14	\$0

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. Former 28 Texas Administrative Code, §13305 and 133.307, 33 *Texas Register* 3954, applicable to requests filed on or after May 25, 2008, sets out the procedures for resolving medical fee disputes filed prior to June 1,

2012

2. 28 Texas Administrative Code §133.20 sets out medical bill submission requirements for health care providers
3. 28 Texas Administrative Code §134.203 sets out medical fee guidelines for professional services
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated February 24, 2012.

- X212 This procedure is included in another procedure performed on this date.
- Z710 The charge for this procedure exceeds the fee schedule allowance..

Explanation of benefits dated March 28, 2012.

- X212 This procedure is included in another procedure performed on this date.
- Z710 The charge for this procedure exceeds the fee schedule allowance
- X598 Claim has been re-evaluated based on additional documentation submitted; No additional payment due

Explanation of benefits dated April 13, 2012.

- X212 This procedure is included in another procedure performed on this date.

### **Issues**

1. Did the requestor support use of the 59 modifier?
2. Is the requestor entitled to additional reimbursement?

### **Findings**

1. 28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, “for coding, billing, reporting and reimbursement of professional medical services. Texas Workers’ Compensation system participants shall apply the following; (1) Medicare payment policies, including its coding; billing; ... and other payment policies in effect on the date a service is provided...” The medical bill for the service in dispute included the “59” modifier. American Medical Association Current Procedural Terminology (AMA CPT) describes the 59 modifier for use in identifying procedures/services that are not normally reported together, and that are not ordinarily encountered or performed on the same day by the same physician. According to Medicare Learning Network Matters (MLN) Number, SE0715, these would include a different session or patient encounter, procedure or surgery, site or organ system; or a separate incision/excision, lesion, or injury (or area of injury in extensive injuries). The medical documentation including the document titled “Operative Report” was reviewed but did not support the service in dispute represents a separate service. The division concludes that the requestor did not meet the requirements of §134.203(b)(1).
2. The requestor billed G0289 but did not support the use of the 59 modifier, consequently code G0289 cannot be considered a separate service. Application of Correct Coding Initiative (CCI) edits in accordance with 28 Texas Administrative Code §134.203(b)(1) indicate G0289 is not separately payable when billed along with 29880.

### **Conclusion**

For the reason stae above, the Division finds that the requestor has not established additional reimbursement is due.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031, the Division has determined that no additional reimbursement is recommended.

### **Authorized Signature**

<hr/>	<hr/>	February 4, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**